

SJ Exhibit 22



OFFICE OF THE COMPTROLLER
CITY OF ST. LOUIS



16817

DARLENE GREEN
Comptroller

212 City Hall
(314) 622-4389
FAX 622-4026

May 20, 2016

Mr. Richard R. Frank
Director of Personnel
1114 Market St., Rm. 700
St. Louis, MO 63101

Dear Mr. Frank:

I would like to respectfully request that the Department of Personnel approve a 10% salary increase for Mr. Jim Garavaglia, upon his promotion to Deputy Comptroller, as of May 13, 2016.

I appreciate your consideration of this request, and look forward to your response. Please feel free to contact me, or my office, if you have any questions or need additional information.

Sincerely,

Darlene Green
COMPTROLLER

DG/cdm

2016 JUN -3 PM 4:50

CITY OF ST. LOUIS

on the web: www.stlouis-mo.gov/comptroller

Garavaglia
Depo.
Exhibit 30

SJ Exhibit

22

STL000707



The City of St. Louis

DEPARTMENT OF PERSONNEL

RICHARD R. FRANK
DIRECTOR OF PERSONNEL

1114 MARKET STREET, ROOM 700
ST. LOUIS, MISSOURI 63101-2043

FRANCIS G. SLAY
MAYOR

June 6, 2016

Ms. Darlene Green
Comptroller
Comptroller's Office
Room 212 City Hall
St. Louis, Missouri 63103

Dear Ms. Green:

The Department of Personnel is in receipt of your letter dated May 20, 2016 requesting a ten (10%) salary adjustment over James Garavaglia's current salary upon his promotion to the position of Deputy Comptroller.

Based on your recommendation, please be advised that in accordance with Section 6(a)(1), I am hereby approving your request. Therefore, upon Mr. Garavaglia's appointment to the position of Deputy Comptroller (01488-21M-1) his salary shall be \$4,867.00 bi-weekly (step 15), approximately 10%.

If you should have any questions regarding this letter, please contact the Classification and Compensation Section at 622-3565.

Very truly yours,

DEPARTMENT OF PERSONNEL

A handwritten signature in black ink, appearing to read "Richard R. Frank".

Richard R. Frank
Director

RRF:KFH

Copy: Terry Dabrowski

STL000708

STL000698

CITY OF ST. LOUIS
EMPLOYEE STATUS FORM

CHANGES ARE ENTERED
IN APPROPRIATE SPACE
BELOW PRESENT STATUS

SOCIAL SECURITY NUMBER <div style="background-color: black; height: 15px; width: 100%;"></div>	NAME OF EMPLOYEE GARAVAGLIA JAMES M	PRESENT CLASS TITLE DEPUTY COMPTROLLER
AGENCY AND ORGANIZATION UNIT COMPTROLLERS OFFICE		TRANSACTION NUMBER

CLASSIFICATION		STEP 16	BIWEEKLY RATE		BIWEEKLY HOURS		% FULL TIME	PERFORMANCE RATE	DEPT.	PAY LOC
TYPE 0	CLASS 1488		GRADE 21	SHIFT M1	4867 00 4940 00	0 0	100	0 00	160	
F. EXEMPT M 0		S. EXEMPT 0 0		RACE W	FICA Y	PENSION I	SEX M	BIRTHDATE 09 20 52	DATE OF CHANGE 02 04 17 06 11 17	
				A,B,H,I,W or O	Y or N	F,P,I or N	F or M	MONTH DAY YEAR	MONTH DAY YEAR	

EMPLOYEE'S NAME GARAVAGLIA JAMES M			SOCIAL SECURITY NUMBER <div style="background-color: black; height: 15px; width: 100%;"></div>			SPECIAL FWT 80 00	SPECIAL SWT 15 00	CHARITY 00
KEEF 00	UBCF 00	FIREMEN'S RELIEF 00	UNIFORM 00	DEFERRED COMP 500 00	POLICE RELIEF 00	ISA 00		
POLICE ASSOCIATION 00	POLICE FUNERAL 1 00	DENTAL / F 9 80	NCF 00	WCSRF 00	ADST 00	ARTSED 00	AF 00	
BACKSTOP 1 00	DCOMPLON 00	ED IC 00	URENT 00	CONSCD 00	EARTH 00	UCCI 00		
MEDICAL / F 340 24	LIFE INSURANCE 00	AD & D 1 25	DEPENDENT LIFE 00	CREDIT UNION 00	PARKING 39 23	UNION DUES 00	BONDS 00	

THESE DEDUCTIONS MAY NOT BE CHANGED WITH THIS FORM

EMPLOYEE'S ADDRESS 5405 ELIZABETH 63110			ACCOUNTING CODE 1010 1600000 5101000 200		
HOUSE NO.	SFX PFX	STREET NAME, CITY, AND STATE	ZIP CODE	FUND	REPORT CENTER
				ACCOUNT	PROJECT

SEPARATION FROM PAYROLL						RETURN FROM LEAVE	
DEATH	DISMISSAL	LAYOFF	RESIGNATION	END OF TEMP. APT.	LEAVE OF ABSENCE	LAST DAY ON PAYROLL	DEPARTMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MONTH DAY YEAR	
						TERM EMP. RET.	DATE OF RETURN
						<input type="checkbox"/> R	MONTH DAY YEAR

REASON FOR DATA CHANGE: Merit (Step) increase.

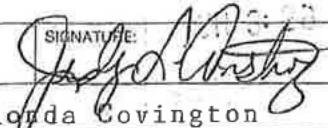
TO APPOINTING AUTHORITY: INDICATE REASON(S) FOR DISMISSAL, DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY. TO EMPLOYEE: ANY PERMANENT EMPLOYEE MAY APPEAL A DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE DATE OF NOTICE TO EMPLOYEE AS REFLECTED ON THE EMPLOYEE STATUS FORM. ANY PERMANENT EMPLOYEE MAY APPEAL A DISMISSAL TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE EFFECTIVE DATE OF THE LETTER SENT BY ACTION OF THE DIRECTOR OF PERSONNEL.

LAST DAY AT WORK:	METHOD AND DATE OF NOTICE TO EMPLOYEE:	LENGTH OF LEAVE:
		FROM TO

EMPLOYEE AUTHORIZATION SIGNATURE OR CHANGE IN STATUS (IF REQUIRED): **X**

DATE:

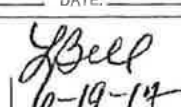
SIGNATURE, TITLE, AND AGENCY OF NEW APPOINTING AUTHORITY: (FOR TRANSFER)

NAME AND TITLE OF APPOINTING AUTHORITY SUBMITTING THIS FORM: Judy L. Armstrong, Exec. Assistant II	SIGNATURE: 	DATE OF SUBMISSION: 6/15/17
PAYROLL CLERK: Shalonda Covington	DATE: 6/15/17	

FOR USE OF DEPARTMENT OF PERSONNEL:

RECEIVED: _____
Compt.-1 Rev. 11/16
DEPARTMENT OF PERSONNEL

EFFECTIVE DATE OF ACTION


6-19-17
TRANSMITTED TO
COMPTROLLER, BY:

ENTERED ROSTER, BY:

STL000689

CITY OF ST. LOUIS
EMPLOYEE STATUS FORM

CHANGES ARE ENTERED
IN APPROPRIATE SPACE
BELOW PRESENT STATUS

SOCIAL SECURITY NUMBER

NAME OF EMPLOYEE

PRESENT CLASS TITLE

04/17/18

GARAVAGLIA JAMES M

DEPUTY COMPTROLLER

COMPTROLLERS OFFICE

TRANSACTION NUMBER

CLASSIFICATION				STEP	BIWEEKLY RATE		BIWEEKLY HOURS		% FULL TIME	PERFORMANCE RATE	DEPT	PAY LOC
0	1488	21	M1	17	4940	00	80	0	100	0	160	
					5014	00						
F EXEMPT		S EXEMPT			RACE	PICA	PENSION	SEX	BIRTHDATE		DATE OF CHANGE	
M 0		0 0			N	Y	I	M	09 20 52		04 14 18	
					A,B,H,I,W or O	Y or N	F,P,I or N	F or M	MONTH DAY YEAR		MONTH DAY YEAR	
EMPLOYEE'S NAME					SOCIAL SECURITY NUMBER			SPECIAL FWT		SPECIAL SWT		CHARITY
GARAVAGLIA JAMES M								80 00		15 00		
KEEP			URCF			FIREMEN'S RELIEF			UNIFORM			DEFERRED COMP.
00			00			00			00			100 00
												00
POLICE ASSOCIATION			POLICE FUNERAL			DENTAL			NCF			WCSRF
00			1 00			10 18			00			00
												00
BACKSTOP			DCOMPLON			ED IC			URENT			CONSCO
1 00			00			00			00			00
												00
MEDICAL			LIFE INSURANCE			AD & D			DEPENDENT LIFE			CREDIT UNION
64 11			00			1 95			00			00
												00
PARKING			UNION DUES			BONDS						
39 23			00			00						

THESE DEDUCTIONS MAY NOT BE CHANGED WITH THIS FORM

EMPLOYEE'S ADDRESS				ACCOUNTING CODE			
5405		ELIZABETH	63110	1010	1600000	5101000	200
HOUSE NO.	SFX	PFX	STREET NAME, CITY, AND STATE	ZIP CODE	FUND	REPORT CENTER	ACCOUNT

SEPARATION FROM PAYROLL						LAST DAY ON PAYROLL		DEPARTMENT	TERM EMP. RET.	RETURN FROM LEAVE		
DEATH	DISMISSAL	LAYOFF	RESIGNATION	END OF TEMP. APT.	LEAVE OF ABSENCE	MONTH	DAY	YEAR			DATE OF RETURN	
											MONTH	DAY
											YEAR	

REASON FOR DATA CHANGE: Merit (Step) increase.

TO APPOINTING AUTHORITY: INDICATE REASON(S) FOR DISMISSAL, DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY. TO EMPLOYEE: ANY PERMANENT EMPLOYEE MAY APPEAL A DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE DATE OF NOTICE TO EMPLOYEE AS REFLECTED ON THE EMPLOYEE STATUS FORM. ANY PERMANENT EMPLOYEE MAY APPEAL A DISMISSAL TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE EFFECTIVE DATE OF THE LETTER SENT BY ACTION OF THE DIRECTOR OF PERSONNEL.

ST DAY AT WORK:	METHOD AND DATE OF NOTICE TO EMPLOYEE:	LENGTH OF LEAVE:
		FROM TO

EMPLOYEE AUTHORIZATION SIGNATURE
CHANGE IN STATUS (IF REQUIRED): X

DATE:

NATURE, TITLE, AND AGENCY OF NEW APPOINTING AUTHORITY: (FOR TRANSFER)

NAME AND TITLE OF APPOINTING AUTHORITY SUBMITTING THIS FORM:
erly Fitzsimmons, Deputy Comptroller

SIGNATURE:

DATE OF SUBMISSION:
6/20/18

PAYROLL CLERK: Shalonda Covington

DATE: 6/20/18

USE OF DEPARTMENT OF PERSONNEL:

RECEIVED:
Compt-1 Rev. 11/16
DEPARTMENT OF PERSONNEL

EFFECTIVE DATE OF ACTION

TRANSMITTED TO
COMPTROLLER, BY:

ENTERED ROSTER
BY:

STL000687

06/25/19

TRANSACTION NUMBER

TRANSACTION NUMBER

THESE DEDUCTIONS MAY NOT BE CHANGED WITH THIS FORM

EMPLOYEE'S ADDRESS

ACCOUNTING CODE

1010	1600000	5101000	200
FUND	REPORT CENTER	ACCOUNT	PROJECT

HOUSE NO.	SFX	PFX
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STREET NAME, CITY, AND STATE

ZIP CODE

FUND REPORT CENTER

ACCOUNT

PROJECT

REASON FOR DATA CHANGE:

Retired effective 10/1/19.

TO APPOINTING AUTHORITY: INDICATE REASON(S) FOR DISMISSAL, DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY. TO EMPLOYEE: ANY PERMANENT EMPLOYEE MAY APPEAL A DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE DATE OF NOTICE TO EMPLOYEE AS REFLECTED ON THE EMPLOYEE STATUS FORM. ANY PERMANENT EMPLOYEE MAY APPEAL A DISMISSAL TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE EFFECTIVE DATE OF THE LETTER SENT BY ACTION OF THE DIRECTOR OF PERSONNEL.

QAD: 04/27/87

Balances as of PPE 10/12/19, Sick: 1,810 (to be paid half in 4 equal installments), Vac. 600 to be paid on last pay check (10/18/19), medical: 499.

EMPLOYEE AUTHORIZATION SIGNATURE FOR CHANGE IN STATUS (IF REQUIRED): **X**

DATE: _____

SIGNATURE, TITLE, AND AGENCY OF NEW APPOINTING AUTHORITY: (FOR TRANSFER)

NAME AND TITLE OF APPOINTING AUTHORITY SUBMITTING THIS FORM:

Judy L. Armstrong, Fiscal Support Operations Man

SIGNATURE

DATE OF SUBMISSION:

9/27/19

PAYROLL CLERK: Shalonda Coyington

DATE: 9/27/19

FOR USE OF DEPARTMENT OF PERSONNEL

APPROVED: _____
D/Compt.-1 Rev. 2/18

DIRECTOR OF PERSONNEL

EFFECTIVE DATE OF ACTION

TRANSMITTED TO
COMPTROLLER, BY:

ENTERED ROSTER,
BY:

STL000678